

Medical and Mobility

Please give the exact nature of your illness or disability

Please give the names of the pills or tablets you are taking and include a copy of your prescription:

In what ways does the illness or disability affect your day-to-day activities and your ability to look after yourselves?

Please tell us how long you have you been ill and/or disabled:

Does the current home have any of the following adaptations in place? Select all that apply

- Automatic door openers
- Ceiling track hoist
- Level-access shower/wetroom
- Outside platform lift
- Over bath shower
- Sensory equipment
- Stairlift
- Through-floor lift
- Wheelchair-accessible kitchen units
- Widened doorways
- Other

Please describe in as much detail as possible how your current housing situation impacts your health and disability

If you have mobility difficulties, how many steps are there from the pavement to the front door?

Which floor do you live on?

Do you use any walking aids?

If other, please specify:

General Practitioner (GP/Doctor):

Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number:

Hospital Consultant:

Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number:

Psychiatrist / Psychologist / Therapist:

Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number:

Support worker/ Key worker:

Title: Surname:

Name of surgery:

Address:

Postcode:

Telephone number: